



INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

We make Indiana a cleaner, healthier place to live.

Frank O'Bannon
Governor

Lori F. Kaplan
Commissioner

100 North Senate Avenue
P.O. Box 6015
Indianapolis, Indiana 46206-6015
(317) 232-8603
(800) 451-6027
www.in.gov/idem

RE: **Manual Transmissions 035-16602-00015**
TO: Interested Parties / Applicant February 6, 2003
FROM: Paul Dubenetzky
Chief, Permits Branch
Office of Air Quality

Notice of Decision - Approval

Please be advised that on behalf of the Commissioner of the Department of Environmental Management, I have issued a decision regarding the enclosed matter. Pursuant to 326 IAC 2, this approval was effective immediately upon submittal of the application.

If you wish to challenge this decision, IC 4-21.5-3-7 requires that you file a petition for administrative review. This petition may include a request for stay of effectiveness and must be submitted to the Office Environmental Adjudication, ISTA Building, 150 W. Market Street, Suite 618, Indianapolis, IN 46204, **within eighteen (18) calendar days from the mailing of this notice**. The filing of a petition for administrative review is complete on the earliest of the following dates that apply to the filing:

- (1) the date the document is delivered to the Office of Environmental Adjudication (OEA);
- (2) the date of the postmark on the envelope containing the document, if the document is mailed to OEA by U.S. mail; or
- (3) The date on which the document is deposited with a private carrier, as shown by receipt issued by the carrier, if the document is sent to the OEA by private carrier.

The petition must include facts demonstrating that you are either the applicant, a person aggrieved or adversely affected by the decision or otherwise entitled to review by law. Please identify the permit, decision, or other order for which you seek review by permit number, name of the applicant, location, date of this notice and all of the following:

- (1) the name and address of the person making the request;
- (2) the interest of the person making the request;
- (3) identification of any persons represented by the person making the request;
- (4) the reasons, with particularity, for the request;
- (5) the issues, with particularity, proposed for considerations at any hearing; and
- (6) identification of the terms and conditions which, in the judgment of the person making the request, would be appropriate in the case in question to satisfy the requirements of the law governing documents of the type issued by the Commissioner.

If you have technical questions regarding the enclosed documents, please contact the Office of Air Quality, Permits Branch at (317) 233-0178. Callers from within Indiana may call toll-free at 1-800-451-6027, ext. 3-0178.

Enclosures

Mr. Michael Dick
Manual Transmissions of Muncie, LLC
300 Renaissance Center
Detroit, Michigan 48265-3000

February 6, 2003

Re: 035-16602-00015
First Administrative Amendment to
Part 70 T035-7145-00015

Dear Mr. Dick:

New Venture Gear, LLC was issued a permit on April 16, 1999 for a stationary automobile and light duty truck transmission manufacturing facility. A letter requesting a transfer of ownership and change of operating name was received December 30, 2002. Pursuant to the provisions of 2-7-11(a)(4) the permit is hereby administratively amended as follows:

Effective January 31, 2003, New Venture Gear, Inc. ("NVG") and New Venture Gear of Indiana, LLC, transferred ownership to Manual Transmissions of Muncie, LLC ("MTM"), a wholly owned subsidiary of General Motors Corporation of the facility located at 1200 West 8th Street, Muncie, Indiana 47302. The Responsible Official remains as the position of Vice President and Divisional Manager. This position is currently held by Mr. Michael Dick. The appropriate reporting pages were changed to reflect the new operating name.

All other conditions of the permit shall remain unchanged and in effect. Please attach a copy of this amendment and the following revised permit pages to the front of the original permit.

This decision is subject to the Indiana Administrative Orders and Procedures Act - IC 4-21.5-3-5. If you have any questions on this matter, please contact Gary Freeman, at (800) 451-6027, press 0 and ask for Gary Freeman or extension 3-5334, or dial (317) 233-5334.

Sincerely,
Original signed by

Paul Dubenetzky, Chief
Permits Branch
Office of Air Quality

Attachments: Replacement Pages
PD/gkf

cc: File - Delaware County
Delaware County Health Department
Air Compliance Section Inspector - Marc Goldman
Compliance Data Section - Karen Ampil
Permit Review Section 1 - Gary Freeman
Air Programs - Chet Bohannon
Contractor - MES
Admin File 035-16881-00015



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PART 70 OPERATING PERMIT OFFICE OF AIR QUALITY

Manual Transmissions of Muncie, LLC 1200 West 8th Street Muncie, Indiana 47302

(herein known as the Permittee) is hereby authorized to operate subject to the conditions contained herein, the source described in Section A (Source Summary) of this permit.

This permit is issued in accordance with 326 IAC 2 and 40 CFR Part 70 Appendix A and contains the conditions and provisions specified in 326 IAC 2-7 as required by 42 U.S.C. 7401, et. seq. (Clean Air Act as amended by the 1990 Clean Air Act Amendments), 40 CFR Part 70.6, IC 13-15 and IC 13-17.

Operation Permit No.: T035-7145-00015	
Issued by: Janet G. McCabe, Assistant Commissioner Office of Air Quality	Issuance Date: April 16, 1999 Expiration Date: April 16, 2004

First Reopening 035-13189-00015, issued on December 13, 2001

First Minor Source Modification 035-16452-00015, issued on January 30, 2003

First Administrative Amendment: 035-16602-00015	Pages Affected: 42, 43, 44, 45 and 46
Issued by: Original signed by Paul Dubenetzky, Branch Chief Office of Air Quality	Issuance Date: February 6, 2003

**INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
OFFICE OF AIR QUALITY
COMPLIANCE DATA SECTION

PART 70 OPERATING PERMIT
CERTIFICATION**

Source Name: Manual Transmissions of Muncie, LLC
Source Address: 1200 West 8th Street, Muncie, Indiana 47302
Mailing Address: P.O. Box 2527, Muncie, Indiana 47307-2527
Part 70 Permit No.: T035-7145-00015

**This certification shall be included when submitting monitoring, testing reports/results
or other documents as required by this permit.**

Please check what document is being certified:

- 9 Annual Compliance Certification Letter
- 9 Test Result (specify) _____
- 9 Report (specify) _____
- 9 Notification (specify) _____
- 9 Other (specify) _____

I certify that, based on information and belief formed after reasonable inquiry, the statements and information in the document are true, accurate, and complete.

Signature:

Printed Name:

Title/Position:

Date:

**INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
OFFICE OF AIR QUALITY
COMPLIANCE DATA SECTION**

**P.O. Box 6015
100 North Senate Avenue
Indianapolis, Indiana 46206-6015
Phone: 317-233-5674
Fax: 317-233-5967**

**PART 70 OPERATING PERMIT
EMERGENCY/DEVIATION OCCURRENCE REPORT**

Source Name: Manual Transmissions of Muncie, LLC
Source Address: 1200 West 8th Street, Muncie, Indiana 47302
Mailing Address: P.O. Box 2527, Muncie, Indiana 47307-2527
Part 70 Permit No.: T035-7145-00015

This form consists of 2 pages

Page 1 of 2

Check either No. 1 or No.2

- 9 1.** This is an emergency as defined in 326 IAC 2-7-1(12)
CThe Permittee must notify the Office of Air Quality (OAQ), within four **(4)** business hours (1-800-451-6027 or 317-233-5674, ask for Compliance Section); and
CThe Permittee must submit notice in writing or by facsimile within two **(2)** days (Facsimile Number: 317-233-5967), and follow the other requirements of 326 IAC 2-7-16
- 9 2.** This is a deviation, reportable per 326 IAC 2-7-5(3)(c)
CThe Permittee must submit notice in writing within ten **(10)** calendar days

If any of the following are not applicable, mark N/A

Facility/Equipment/Operation:

Control Equipment:

Permit Condition or Operation Limitation in Permit:

Description of the Emergency/Deviation:

Describe the cause of the Emergency/Deviation:

If any of the following are not applicable, mark N/A

Page 2 of 2

Date/Time Emergency/Deviation started:
Date/Time Emergency/Deviation was corrected:
Was the facility being properly operated at the time of the emergency/deviation? Y N Describe:
Type of Pollutants Emitted: TSP, PM-10, SO ₂ , VOC, NO _x , CO, Pb, other:
Estimated amount of pollutant(s) emitted during emergency/deviation:
Describe the steps taken to mitigate the problem:
Describe the corrective actions/response steps taken:
Describe the measures taken to minimize emissions:
If applicable, describe the reasons why continued operation of the facilities are necessary to prevent imminent injury to persons, severe damage to equipment, substantial loss of capital investment, or loss of product or raw materials of substantial economic value:

Form Completed by: _____
Title / Position: _____
Date: _____
Phone: _____

**INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
OFFICE OF AIR QUALITY
COMPLIANCE DATA SECTION**

**PART 70 OPERATING PERMIT
NATURAL GAS FIRED BOILER CERTIFICATION**

Source Name: Manual Transmissions of Muncie, LLC
Source Address: 1200 West 8th Street, Muncie, Indiana 47302
Mailing Address: P.O. Box 2527, Muncie, Indiana 47307-2527
Part 70 Permit No.: T035-7145-00015

**This certification shall be included when submitting monitoring, testing reports/results
or other documents as required by this permit.**

Report period

Beginning: _____

Ending: _____

Boiler Affected

Alternate Fuel

Days burning alternate fuel
From To

I certify that, based on information and belief formed after reasonable inquiry, the statements and information in the document are true, accurate, and complete.

Signature: _____

Printed Name: _____

Title/Position: _____

Date: _____

**INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
OFFICE OF AIR QUALITY
COMPLIANCE DATA SECTION**

**PART 70 OPERATING PERMIT
SEMI-ANNUAL COMPLIANCE MONITORING REPORT**

Source Name: Manual Transmission of Muncie, LLC
Source Address: 1200 West 8th Street, Muncie, Indiana 47302
Mailing Address: P.O. Box 2527, Muncie, Indiana 47307-2527
Part 70 Permit No.: T035-7145-00015

Months: _____ to _____ Year: _____

This report is an affirmation that the source has met all the requirements stated in this permit. This report shall be submitted semi-annually. Any deviation from the requirements and the date(s) of each deviation must be reported. Additional pages may be attached if necessary. This form can be supplemented by attaching the Emergency/Deviation Occurrence Report. If no deviations occurred, please specify zero in the column marked "No Deviations".

LIST EACH COMPLIANCE REQUIREMENT EXISTING FOR THIS SOURCE:

Requirement (e.g. Permit Condition D.1.3)	Number of Deviations	Date of each Deviations	No Deviations

Form Completed By: _____
Title/Position: _____
Date: _____
Phone: _____

Attach a signed certification to complete this report.